



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0024

JANET E. WALDRON
COMMISSIONER OF
ADMINISTRATIVE & FINANCIAL
SERVICES

ANGUS S. KING, JR.
GOVERNOR

ANTHONY J. NEVES
STATE TAX ASSESSOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE FOR AN
INCORPORATED NONPROFIT RURAL COMMUNITY HEALTH CENTER ENGAGED
IN, OR PROVIDING FACILITIES FOR THE DELIVERY OF COMPREHENSIVE PRIMARY
HEALTH CARE**

Name of Corporation _____
Name of Rural _____
Community Health Center _____
Physical Location _____
Mailing Address _____

The statute reads, "Sales to incorporated nonprofit home health care agencies certified under the United States Social Security Act of 1965, Title XVIII, as amended, incorporated nonprofit rural community health centers engaged in, or providing facilities for, the delivery of comprehensive primary health care."

Is the rural community health center incorporated? Yes ___ No ___

Send a copy of the articles of incorporation!

Has the rural community health center received 501(c) nonprofit status from the IRS? Yes ___ No ___

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the IRS determination letter indicating 501(c) nonprofit status

I hereby certify that _____ is an incorporated nonprofit rural community health center. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (16).

Date: _____

Signature: _____

Tel: _____

Title: _____

Fed ID: _____

Date Facility Opened: _____

ST-R-35